

## Constipation in Infants

The guidelines below should be used to assess all infant WIC applicants whose caregiver express concerns about constipation in addition to the Infant Nutrition Management guideline. Elements indicated by an asterisk (\*) are optional and not required to assess WIC eligibility.

**DEFINITION:** An infant between birth and 12 months of age who demonstrates difficulty passing stools which are usually hard and dry and may be irregular and/or infrequent.

**RATIONALE:** Infant constipation is a frequent concern expressed by parents and often misunderstood. The lack of a daily bowel movement and/or straining, grunting, or crying when defecating are insufficient criteria for defining constipation. The existence of true constipation can impair appetite and lead to further health problems in the infant.

### MANAGEMENT:

- 1.0 **GOAL:** To provide nutritional support to foster complete evacuation of the colon.
- 2.0 **GUIDELINES**
  - 2.1 Adequate fluid and nutrient intake from breast milk or formula can decrease the incidence of constipation.
  - 2.2 Appropriate introduction of solid foods can decrease the potential for constipation in an immature gastrointestinal tract.
  - 2.3 Normal stooling patterns in infants may vary in frequency and consistency without indicating the presence of constipation.
- 3.0 **ASSESSMENT/COUNSELING**
  - 3.1 Evaluate stooling pattern. Consider frequency, consistency, and amount.
    - 3.1.1 Explain that normal frequency of stooling varies with age and diet.
    - 3.1.2 Discuss the difference between constipation and infrequent stools.
    - 3.1.3 Discuss that “facial expressions”, grunting, or straining by an infant are natural with bowel movements and do not always indicate difficulty in elimination.
  - 3.2 Assess type of milk consumed (breast milk, formula, cow’s milk). Frequency and consistency of stools can vary between formula and breastfed infants.
  - 3.3 Assess any recent changes in feeding practices.
    - 3.3.1 Breastmilk to formula. Review the difference in stooling patterns with breastfeeding versus formula feeding.
    - 3.3.2 Change in type of formula.

- 3.4 Assess intake of fluids as appropriate for age to determine if adequately hydrated. If formula fed, review method of formula preparation, including the accuracy of formula dilution.
  - 3.5 Assess the intake of solid foods as appropriate for age.
    - 3.5.1 Counsel on overall quality of diet and needs appropriate for the age of the infant. Explain that early introduction of solids can cause constipation in some infants.
    - 3.5.2 Discuss the importance of cereal, plain fruits, vegetables, and juice to alleviate or prevent constipation for the older infant.
    - 3.5.3 Caution caregivers on the use of high fiber foods for older infants that may cause choking. When table foods are added to the diet of older infants, encourage the use of high fiber foods
    - 3.5.4 Recommend offering diluted prune juice (1 ounce water to 1 ounce prune juice) once a day to older infants. Prune juice contains diphenylisatin, a chemical laxative. When the infant has a soft stool, discontinue prune juice.
  - 3.6 Assess intake of supplemental iron, vitamins, and minerals. Explain that supplemental iron drops given along with iron-fortified formula may cause constipation in some infants.
  - 3.7 Assess use of methods to relieve constipation.
    - 3.7.1 Discourage the use of laxatives, suppositories, mineral oil, herbs, or enemas that may lead to dependence and bowel muscle atrophy.
    - 3.7.2 Explain that honey and corn syrup should not be given to an infant under one year of age because of botulism spores.
  - 3.8 Evaluate past medical history that could impact stooling patterns (i.e. anorectal malformations, anal fissures, Down Syndrome, Cerebral Palsy). If the infant has special health care needs that impact bowel movements, counsel the caregiver regarding developmentally appropriate solid and fluid intake.
  - 3.9 Determine whether toilet training has begun. If toilet training has begun, encourage caregivers to postpone until the child is physically and emotionally ready.
- 4.0 REFERRAL/FOLLOW UP
- 4.1 Refer to physician if symptoms of impaction or chronic constipation are present.
- 5.0 BIBLIOGRAPHY
- 5.1 Fomon, SJ. Nutrition of Normal Infants. St. Louis: CV Mosby Publishing (1993).
  - 5.2 Nelson, JK, Moxness, KE, Jensen, MD, Gastineau, CF. Mayo Clinic Diet Manual 7<sup>th</sup> edition. St Louis, CV Mosby Publishing (1994).
  - 5.3 Trahms, Christine, Pipes, Peggy: Nutrition in Infancy and Childhood. St. Louis, WCB-McGraw-Hill Publishing, (1997).

- 5.4 United States Department of Agriculture, Foods and Nutrition Service. Infant Nutrition and Feeding: A Reference Handbook for Nutrition and Health Counselors in the WIC and CSF Programs. Washington, DC, United States Department of Agriculture (1993).
- 5.5 Williams CL, Bollella M, Wynder EL. “A new recommendation for dietary fiber in childhood.” Pediatrics. 96: (1995) 985-8.